

APPLICATION FORM
BioPark Volunteer Teacher
2004



Today's Date: _____

Name: _____

Address: _____

email: _____ Are you over 18 years old? _____

Home Phone: _____ Work Phone (if applicable): _____

Occupation: _____

Are you currently employed? _____ If so, where? _____

If you have an emergency while at the BioPark, whom should we call (name, phone number)?

For which job are you applying?

- _____ Rio Grande Zoo Docent
- _____ Albuquerque Aquarium Docent
- _____ Rio Grande Botanic Garden Docent

How did you hear about this job? (Called within the last year to inquire, saw notice in newspaper, from a friend, saw the flier, etc.)

What do you hope to gain from working here? Knowing your expectations will help us make your experience more rewarding.

The following information will help us learn more about your interests. Please fill it in if you feel it is appropriate, or if you have skills you'd be willing to share.

Education background: _____

Hobbies/Special Expertise/Relevant Experience: _____

Other volunteer organizations of which you are an active member:

Special skills you are willing to share (fluency in a second language, writing, drawing, office work, photography, data entry in a computer, drama, experience with computers, graphics, etc.)

**BIOPARK DOCENT
VOLUNTEER CONTRACT/RELEASE**

I have read the BioPark Volunteer Teacher job description, and understand the responsibilities of becoming an Albuquerque Biological Park volunteer. I am willing to enter into an agreement with the City of Albuquerque, Albuquerque Biological Park, and commit to donating the minimum number of hours required to the BioPark. In return, I will be provided classroom and on-the-job training and free access to BioPark facilities while I am an active volunteer.

I understand that handling zoo and aquarium animals, which are unpredictable in their behavior, could result in injury. I agree that I shall be responsible for any injuries or damage incurred by me while performing volunteer services at the Albuquerque Biological Park. The City will, however, be responsible if I am injured and the injury is caused by the sole negligence of the City or its employees. I agree that I will consult with my physician and insure that any inoculations recommended are maintained in a current status. I agree to keep current on my tetanus shot (as recommended every 5 years).

I understand that the City will hold me responsible for any damage to property of the City or property belonging to third parties if the damage is caused by my negligent conduct. Likewise, I understand that the City will hold me responsible for all injuries sustained by persons when the injury is caused by negligent conduct. I understand and agree that I shall be expected to pay for damages or injuries caused by my negligence.

I understand that this volunteer contract may be terminated at any time by either myself or the Albuquerque Biological Park without cause. In such event, any programs and educational materials that I have developed will remain the property of the Albuquerque Biological Park.

ALBUQUERQUE BIOLOGICAL PARK

VOLUNTEER_____

Signature_____

Printed Name_____

Date:_____

Address_____

City, State, Zip_____

Phone_____

Mail To: BioPark Education
903 10th Street SW
Albuquerque NM 87102

or

bring to orientation on August 7 at 11:00am

Questions? Call 764-6245